MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

	AS FILED AFTER AFTER							CLAIMS		
	AS	FILEO	1st AMENDMENT 2nd AMENDME]	<u> </u>		
	IND.	DEP.	IND.	OEP.	IND.	DEP.			IND.	
1	1]	51		
2		1						52		
3	<u> </u>	<u> </u>						53		
4_	ļ	1]	54		
5	ļ	1						55		
6		1						56		
	ļ]	57		
8		1						58		
9								59		
10	ļ.,]	60		
11								61		
12								62		
13								63		
14								64		
15								65		
16								66		
17								67		
18							1	68		
19								69		
20								70		
21								71		
22								72		
23								73		
24								74		
25								75		
26								76		
27								77		
28								78		
29								79		
30								80		
31								81		
32								82		
33								83		
34							ĺ	84		
35								85		
36								86		
37								87		
38							ĺ	88		
39								89		
40			_					90		
41								91		
42							İ	92		
43							Ī	93		
44								94		
45								95		
46							Ī	96		
47						-	ſ	97		
48							ļ	98		
49							1	99		
50							Ī	100		
TOTAL IND.	1	1		ı			ľ	TOTAL		
TOTAL	$\dot{\neg}$	—		— "		4		IND.		
DEP.		2517					L	DEP.		
TOTAL CLAIMS	8	-1				100		TOTAL CLAIMS		

	*		*		*		
	IND.	DEP.	IND.	OEP.	IND.	DEP	
51					ļ Ļ		
52							
53							
54							
55							
56							
57							
58						1	
59							
60			1				
61	· · · ·					_	
62							
63				 			
64			 				
65	<u> </u>		ļ	 			
66			 		 -	-	
67							
			<u> </u>	 			
68			 	<u> </u>			
69			ļ				
70							
71							
72							
73			L		l		
74							
75							
76							
77							
78							
79							
80							
81							
82			<u> </u>				
83							
84							
85				-			
86			 				
87							
				ļ			
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
			-				
TOTAL IND.						— 1	
TOTAL DEP.		-			_	_	
TOTAL CLAIMS		11.75		2,7		em e	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS